

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G459	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/08/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 1330 W SHAWNEE INDIANAPOLIS, IN 46260
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W 000 Bldg. 00	<p>This visit was for an annual recertification and state licensure survey. This visit included the investigation of complaint #IN00162553.</p> <p>Complaint #IN00162553: Substantiated, federal and state deficiencies related to the allegation are cited at: W102, W104, W122, W149, W157, W159, W210, W240 and W331.</p> <p>Dates of Survey: 4/1/15, 4/2/15, 4/6/15, 4/7/15 and 4/8/15</p> <p>Facility Number: 000973 Provider Number: 15G459 AIMS Number: 100244810</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>governing body and management requirements are met.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's personal finances were not in excess of the predetermined amount allowed by Medicaid, to ensure the facility implemented its policy and procedures to prevent neglect of client A regarding a fall with injury and to develop and implement corrective actions to prevent recurrence regarding client A's falls, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client A's active treatment program by failing to reassess client A's mobility needs regarding his use of a wheelchair and to ensure client A's ISP (Individual Support Plan), BSP (Behavior Support Plan) or CHRHP (Comprehensive High Risk Health Plan) for falls specifically addressed how staff were to supervise, monitor and assist client A to prevent client A from falling and/or to prevent further injury due to falls.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of</p>	W 102	<p>CORRECTION:</p> <p><i>The facility must ensure that specific governing body and management requirements are met. Specifically, the governing body has facilitated the following:</i></p> <p>Facility supervisors will work directly with the Governing Body's business department to assure client's personal finances do not exceed the predetermined amount allowed by Medicaid.</p> <p>Client A has received Physical Therapy and Occupational Therapy evaluations to reassess his mobility needs with regard to Client A's use of a wheelchair. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>The facility nurse will modify Client A's Comprehensive High Risk Plan for falls to clarify the expectations of how staff should monitor assist Client A to prevent Client A from falling and/or to prevent further injury due to falls,</p>	05/08/2015

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	<p>Participation: Client Protections for 1 of 3 sampled clients (A), the governing body failed to ensure the facility implemented its policy and procedures to prevent neglect of client A regarding a fall with injury and to develop and implement corrective actions to prevent recurrence regarding client A's falls.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's personal finances were not in excess of the predetermined amount allowed by Medicaid, to ensure the facility implemented its policy and procedures to prevent neglect of client A regarding a fall with injury and to develop and implement corrective actions to prevent recurrence regarding client A's falls, to ensure the QIDP integrated, coordinated and monitored client A's active treatment program by failing to reassess client A's mobility needs regarding his use of a wheelchair and to ensure client A's ISP, BSP or CHRHP for falls specifically addressed how staff were to supervise, monitor and assist client A to prevent client A from falling and/or to prevent further injury due to falls. Please see W104.</p>		<p>including during transfers to and from his wheelchair. Additionally, The QIDP will modify Client A's Behavior Support Plan to include specific protocols for enhanced supervision (line of sight in common areas of the facility and 15 minute checks while in bedroom). A review of incident documentation and current supports indicated this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and Program Manager, will bring all relevant elements of the interdisciplinary team together to develop corrective measures to ensure the health and safety of clients. Revised Comprehensive High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and</p>	

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	<p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 3 sampled clients (A). The governing body failed to ensure the facility implemented its policy and procedures to prevent neglect of client A regarding a fall with injury and to develop and implement corrective actions to prevent recurrence regarding client A's falls. Please see W122.</p> <p>This federal tag relates to complaint #IN00162553.</p> <p>9-3-1(a)</p>		<p>to provide hands on coaching and training including but not limited to assuring staff implement risk plans as written. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p>	

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			<p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p>	

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			<p>The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility and the Director of Operations/General Manager no less than monthly for the next 90 days.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff 2. Evaluation of the effectiveness of current comprehensive high risk plans 3. Administrative documentation reviews will include but not be limited to assuring current high risk plans are present in the home and documentation that staff have received training on implementation of the plans. 	

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W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 1 of 3 sampled clients (A), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's personal finances were not in excess of the predetermined amount allowed by Medicaid, to ensure the facility implemented its policy and procedures to prevent neglect of client A regarding a fall with injury and to develop and implement corrective actions to prevent recurrence regarding client A's falls, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client A's active treatment program by failing to</p>	W 104	<p>4. Assuring risk plans are implemented as written.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p> <p>CORRECTION: <i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically, the governing body has facilitated the following:</i></p> <p>Facility supervisors will work directly with the Governing Body's business department to assure client's personal finances do not exceed the predetermined amount allowed by Medicaid.</p> <p>Client A has received Physical</p>	05/08/2015

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	<p>reassess client A's mobility needs regarding his use of a wheelchair and to ensure client A's ISP (Individual Support Plan), BSP (Behavior Support Plan) or CHRHP (Comprehensive High Risk Health Plan) for falls specifically addressed how staff were to supervise, monitor and assist client A to prevent client A from falling and/or to prevent further injury due to falls.</p> <p>Findings include:</p> <p>1. Client A's financial record was reviewed on 4/6/15 at 12:56 PM. Client A's RAFMS (Resident Account Family Member Statement) form dated from 1/2/15 through 4/6/15 indicated client A's beginning balance on 1/2/15 was \$2,503.42 and ending balance on 4/3/15 was \$2,478.35. The review indicated client A's personal finances exceeded \$2,000.00.</p> <p>RM-E (Resident Manager- Exempt) #2 was interviewed on 4/6/15 at 1:10 PM. RM-E #2 indicated client A's personal finances exceeded \$2,000.00.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client A</p>		<p>Therapy and Occupational Therapy evaluations to reassess his mobility needs with regard to Client A's use of a wheelchair. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>The facility nurse will modify Client A's Comprehensive High Risk Plan for falls to clarify the expectations of how staff should monitor assist Client A to prevent Client A from falling and/or to prevent further injury due to falls, including during transfers to and from his wheelchair. Additionally, The QIDP will modify Client A's Behavior Support Plan to include specific protocols for enhanced supervision (line of sight in common areas of the facility and 15 minute checks while in bedroom). A review of incident documentation and current supports indicated this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and</p>	

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	<p>regarding a fall with injury and to develop and implement corrective actions to prevent recurrence regarding client A's falls. Please see W149.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility developed and implemented corrective actions to prevent recurrence regarding client A's falls. Please see W157.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the to ensure the QIDP integrated, coordinated and monitored client A's active treatment program by failing to reassess client A's mobility needs regarding his use of a wheelchair and to ensure client A's ISP, BSP or CHRHP for falls specifically addressed how staff were to supervise, monitor and assist client A to prevent client A from falling and/or to prevent further injury due to falls. Please see W159.</p> <p>This federal tag relates to complaint #IN00162553.</p> <p>9-3-1(a)</p>		<p>Program Manager, will bring all relevant elements of the interdisciplinary team together to develop corrective measures to ensure the health and safety of clients. Revised Comprehensive High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement risk plans as written. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and</p>	

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			<p>Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication</p>	

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			<p>administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility and the Director of Operations/General Manager no less than monthly for the next 90 days.</p> <p>Administrative support at the home will focus on:</p>	

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W 122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1	W 122	<ol style="list-style-type: none"> Mentorship and training of supervisory staff, monitoring and coaching of direct support staff Evaluation of the effectiveness of current comprehensive high risk plans Administrative documentation reviews will include but not be limited to assuring current high risk plans are present in the home and documentation that staff have received training on implementation of the plans. Assuring risk plans are implemented as written. <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p> <p>CORRECTION:</p> <p><i>The facility must ensure that</i></p>	05/08/2015

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	<p>of 3 sampled clients (A). The facility failed to implement its policy and procedures to prevent neglect of client A regarding a fall with injury and to develop and implement corrective actions to prevent recurrence regarding client A's falls.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility failed to implement its policy and procedures to prevent neglect of client A regarding a fall with injury and to develop and implement corrective actions to prevent recurrence regarding client A's falls. Please see W149. 2. The facility failed to develop and implement corrective actions to prevent recurrence regarding client A's falls. Please see W157. <p>This federal tag relates to complaint #IN00162553.</p> <p>9-3-2(a)</p>		<p><i>specific client protections requirements are met.</i></p> <p>Specifically:</p> <p>Client A has received Physical Therapy and Occupational Therapy evaluations to reassess his mobility needs with regard to Client A's use of a wheelchair. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>The facility nurse will modify Client A's Comprehensive High Risk Plan for falls to clarify the expectations of how staff should monitor assist Client A to prevent Client A from falling and/or to prevent further injury due to falls, including during transfers to and from his wheelchair. Additionally, The QIDP will modify Client A's Behavior Support Plan to include specific protocols for enhanced supervision (line of sight in common areas of the facility and 15 minute checks while in bedroom). A review of incident documentation and current supports indicated this deficient practice did not affect any additional clients.</p>	

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			<p>PREVENTION:</p> <p>After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and Program Manager, will bring all relevant elements of the interdisciplinary team together to develop corrective measures to ensure the health and safety of clients. Revised Comprehensive High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement risk plans as written. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written.</p>	

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			<p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p>	

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			<p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility and the Director of Operations/General Manager no less than monthly for the next 90</p>	

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W 149	483.420(d)(1)		<p>days.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff 2. Evaluation of the effectiveness of current comprehensive high risk plans 3. Administrative documentation reviews will include but not be limited to assuring current high risk plans are present in the home and documentation that staff have received training on implementation of the plans. 4. Assuring risk plans are implemented as written. <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p>	

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Bldg. 00	<p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to implement its policy and procedures to prevent neglect of client A regarding a fall with injury and to develop and implement corrective actions to prevent recurrence regarding client A's falls.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/1/15 at 2:20 PM. The review indicated the following:</p> <p>BDDS report dated 1/8/15 indicated, "[Client A] was sitting in his wheelchair in his bedroom. Staff heard a loud noise and discovered [client A] lying on the floor and observed that he had sustained a four centimeter laceration on his scalp. Two staff were on duty and assisting other individuals at the time of the incident. Staff transported [client A] to the [hospital] emergency department for evaluation and treatment. ER (Emergency Room) personnel closed the wound with five staples and released [client A] to ResCare staff with instructions for</p>	W 149	<p>CORRECTION:</p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i></p> <p>Client A has received Physical Therapy and Occupational Therapy evaluations to reassess his mobility needs with regard to Client A's use of a wheelchair. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>The facility nurse will modify Client A's Comprehensive High Risk Plan for falls to clarify the expectations of how staff should monitor assist Client A to prevent Client A from falling and/or to prevent further injury due to falls, including during transfers to and from his wheelchair. Additionally, The QIDP will modify Client A's Behavior Support Plan to include specific protocols for enhanced supervision (line of sight in common areas of the facility and</p>	05/08/2015
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	<p>laceration and staples care and to follow-up with his primary care physician in seven days.</p> <p>[Client A] has a comprehensive high risk plan for falls which directs staff to assist with transfers but [client A] did not request assistance prior to falling. ResCare nursing will monitor [client A] to assure follow-through with ER discharge instructions. The IDT (Interdisciplinary Team) will review the circumstances of the incident to determine if changes to [client A's] risk plan are indicated."</p> <p>-BDDS report dated 1/15/15 indicated, "[Client A's] psychiatrist, [doctor], ordered a CAT scan on 1/14/15 as part of an ongoing assessment to rule out dementia. The results of the scan indicated that [client A] has an acute hematoma (bruise) and [doctor] directed staff to take [client A] to the [hospital] ER for evaluation and treatment. ER personnel performed another CAT scan and a comprehensive blood panel. The ER physician reported that [client A] had a thin layer of blood that will dissolve naturally. The hematoma most likely resulted from a fall [client A] experienced on 1/7/15."</p> <p>-Investigative Summary (IS) dated 1/13/15 indicated DSP (Direct Support</p>		<p>15 minute checks while in bedroom). A review of incident documentation and current supports indicated this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and Program Manager, will bring all relevant elements of the interdisciplinary team together to develop corrective measures to ensure the health and safety of clients. Revised Comprehensive High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement risk plans as written. The Team Lead (non-exempt residential manager) will be present, supervising and participating in</p>	

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	<p>Professional) #1 and RM-E #1 (Resident Manager-Exempt) were both on duty on 1/7/15 at the time of client A's fall. The 1/13/15 IS indicated client A was not in DSP #1 or RM-E #1's line of sight when he fell. The 1/13/15 IS indicated DSP #1 and RM-E #1 were both assisting other consumers in the group home while client A was in his personal bedroom out of staff's direct line of sight.</p> <p>The 1/13/15 IS included an addendum dated 1/15/15 which indicated, "The IDT met to discuss additional supports required to ensure [client A's] safety. Long term wheelchair use, bed and wheelchair alarm to alert staff when he is not in line of sight and [client A's] ISP (Individual Support Plan) will be revised to include a formal goal to ask for assistance."</p> <p>Client A's record was reviewed on 4/6/15 at 9:35 AM. Client A's IDT notes indicated the following:</p> <p>-10/29/14, "4/7/14, [client A] stood up again without staff assistance and fell. Staff needs to watch [client A] and keep him (in) eyesight at all times. Staff will continue to monitor and provide assistance in addition to the wheelchair and gait belt and cane when ambulating."</p>		<p>active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast,</p>	

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	<p>-2/10/14, "Team discussed [client A] falling and how he had been to PT (Physical Therapy) in January (2014) and PT said use cane while in the group home and use wheelchair for long distance. And staff to assist him in and out of (the) home. [Client A] is constantly getting up and at times refusing to let staff assist him so team decided staff will follow [client A] at a short distance for his safety."</p> <p>Client A's CHRHP (Comprehensive High Risk Health Plan) for falls dated 10/27/14 did not indicate documentation of the 10/29/14 and 2/10/14 IDT recommendations for client A to be in staff's line of sight at all times.</p> <p>Client A's ISP dated 2/24/15 did not indicate documentation of the 10/29/14 or 2/10/14 IDT recommendations regarding how staff were to supervise, monitor or assist client A to ensure his safety while transferring from his wheelchair.</p> <p>Client A's BSP (Behavior Support Plan) dated 2/24/15 did not indicate documentation regarding client A's refusal to request staff assistance prior to attempting to independently transfer himself from his wheelchair. Client A's BSP dated 2/24/15 did not indicate</p>		<p>morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of</p>	

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	<p>documentation of the 10/29/14 or 2/10/14 IDT recommendations regarding how staff were to supervise, monitor or assist client A to ensure his safety while transferring from his wheelchair.</p> <p>DON #1 (Director of Nursing) was interviewed on 4/6/15 at 1:07 PM. DON #1 indicated the nursing staff assigned to the group home should review and revise high risk plans when recommendations are made by the IDT. DON #1 indicated client A's 10/29/14 and 2/10/14 IDT recommendations regarding how staff should supervise, monitor and assist client A to prevent falls during transfers from his wheelchair should be included in client A's 10/27/14 CHRHP for falls.</p> <p>RM-E #2 was interviewed on 4/6/15 at 1:10 PM. RM-E #2 indicated client A's CHRHP for falls, ISP and BSP should include the 10/29/14 and 2/10/14 IDT recommendations regarding how staff should supervise, monitor and assist client A to prevent falls. RM-E #2 indicated the facility's abuse and neglect policy should be implemented and corrective measures should be developed and implemented to prevent recurrence of abuse, neglect, mistreatment or injuries of unknown origin.</p> <p>The facility's policies and procedures</p>		<p>the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility and the Director of Operations/General Manager no less than monthly for the next 90 days.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff 2. Evaluation of the effectiveness of current comprehensive high risk plans 3. Administrative documentation reviews will include but not be limited to assuring current high risk plans are present in the home and documentation that staff have received training on implementation of the plans. 4. Assuring risk plans are implemented as written. <p>RESPONSIBLE PARTIES:</p>	

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	<p>were reviewed on 4/7/15 at 5:23 PM. The facility's policy entitled, "Abuse, Neglect, Exploitation, Mistreatment" dated 2/26/11 indicated the following:</p> <p>- "Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Adept, ResCare and local and state and federal guidelines."</p> <p>- "Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention without a qualified person notification/review."</p> <p>The facility's policy entitled, 'Investigations' dated 9/14/07 indicated the following:</p> <p>- "A thorough investigation final report will be written at the completion of the investigation. The report shall include, but is not limited to, the following:... Concerns and recommendations...; Methods to prevent future incidents."</p>		<p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p>	

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W 157 Bldg. 00	<p>This federal tag relates to complaint #IN00162553.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview 1 of 7 incidents of alleged abuse, neglect and injuries of unknown reviewed, the facility failed to develop and implement corrective actions to prevent recurrence regarding client A's falls.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/1/15 at 2:20 PM. The review indicated the following:</p> <p>-BDDS report dated 1/8/15 indicated, "[Client A] was sitting in his wheelchair in his bedroom. Staff heard a loud noise and discovered [client A] lying on the floor and observed that he had sustained a four centimeter laceration on his scalp. Two staff were on duty and assisting other individuals at the time of the</p>	W 157	<p>CORRECTION:</p> <p><i>If the alleged violation is verified, appropriate corrective action must be taken. Specifically:</i></p> <p>Client A has received Physical Therapy and Occupational Therapy evaluations to reassess his mobility needs with regard to Client A's use of a wheelchair. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>The facility nurse will modify Client A's Comprehensive High Risk Plan for falls to clarify the expectations of how staff should monitor assist Client A to prevent Client A from falling and/or to prevent further injury due to falls,</p>	05/08/2015

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	<p>incident. Staff transported [client A] to the [hospital] emergency department for evaluation and treatment. ER (Emergency Room) personnel closed the wound with five staples and released [client A] to ResCare staff with instructions for laceration and staples care and to follow-up with his primary care physician in seven days.</p> <p>[Client A] has a comprehensive high risk plan for falls which directs staff to assist with transfers but [client A] did not request assistance prior to falling. ResCare nursing will monitor [client A] to assure follow-through with ER discharge instructions. The IDT (Interdisciplinary Team) will review the circumstances of the incident to determine if changes to [client A's] risk plan are indicated."</p> <p>-BDDS report dated 1/15/15 indicated, "[Client A's] psychiatrist, [doctor], ordered a CAT scan on 1/14/15 as part of an ongoing assessment to rule out dementia. The results of the scan indicated that [client A] has an acute hematoma (bruise) and [doctor] directed staff to take [client A] to the [hospital] ER for evaluation and treatment. ER personnel performed another CAT scan and a comprehensive blood panel. The ER physician reported that [client A] had a thin layer of blood that will dissolve</p>		<p>including during transfers to and from his wheelchair. Additionally, The QIDP will modify Client A's Behavior Support Plan to include specific protocols for enhanced supervision (line of sight in common areas of the facility and 15 minute checks while in bedroom). A review of incident documentation and current supports indicated this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and Program Manager, will bring all relevant elements of the interdisciplinary team together to develop corrective measures to ensure the health and safety of clients. Revised Comprehensive High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and</p>	

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	<p>naturally. The hematoma most likely resulted from a fall [client A] experienced on 1/7/15."</p> <p>-Investigative Summary (IS) dated 1/13/15 indicated DSP (Direct Support Professional) #1 and RM-E #1 (Resident Manager-Exempt) were both on duty on 1/7/15 at the time of client A's fall. The 1/13/15 IS indicated client A was not in DSP #1 or RM-E #1's line of sight when he fell. The 1/13/15 IS indicated DSP #1 and RM-E #1 were both assisting other consumers in the group home while client A was in his personal bedroom out of staff's direct line of sight.</p> <p>The 1/13/15 IS included an addendum dated 1/15/15 which indicated, "The IDT met to discuss additional supports required to ensure [client A's] safety. Long term wheelchair use, bed and wheelchair alarm to alert staff when he is not in line of sight and [client A's] ISP (Individual Support Plan) will be revised to include a formal goal to ask for assistance."</p> <p>Client A's record was reviewed on 4/6/15 at 9:35 AM. Client A's IDT notes indicated the following:</p> <p>-10/29/14, "4/7/14, [client A] stood up again without staff assistance and fell.</p>		<p>to provide hands on coaching and training including but not limited to assuring staff implement risk plans as written. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p>	

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	<p>Staff needs to watch [client A] and keep him (in) eyesight at all times. Staff will continue to monitor and provide assistance in addition to the wheelchair and gait belt and cane when ambulating."</p> <p>-2/10/14, "Team discussed [client A] falling and how he had been to PT (Physical Therapy) in January (2014) and PT said use cane while in the group home and use wheelchair for long distance. And staff to assist him in and out of (the) home. [Client A] is constantly getting up and at times refusing to let staff assist him so team decided staff will follow [client A] at a short distance for his safety."</p> <p>Client A's CHRHP (Comprehensive High Risk Health Plan) for falls dated 10/27/14 did not indicate documentation of the 10/29/14 and 2/10/14 IDT recommendations for client A to be in staff's line of sight at all times.</p> <p>Client A's ISP dated 2/24/15 did not documentation of the 10/29/14 or 2/10/14 IDT recommendations regarding how staff were to supervise, monitor or assist client A to ensure his safety while transferring from his wheelchair.</p> <p>Client A's BSP (Behavior Support Plan) dated 2/24/15 did not indicate</p>		<p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p>	

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	<p>documentation of the 10/29/14 or 2/10/14 IDT recommendations regarding how staff were to supervise, monitor or assist client A to ensure his safety while transferring from his wheelchair.</p> <p>DON #1 (Director of Nursing) was interviewed on 4/6/15 at 1:07 PM. DON #1 indicated the nursing staff assigned to the group home should review and revise high risk plans when recommendations are made by the IDT. DON #1 indicated client A's 10/29/14 and 2/10/14 IDT recommendations regarding how staff should supervise, monitor and assist client A to prevent falls during transfers from his wheelchair should be included in client A's 10/27/14 CHRHP for falls.</p> <p>RM-E #2 was interviewed on 4/6/15 at 1:10 PM. RM-E #2 indicated client A's CHRHP for falls, ISP and BSP should include the 10/29/14 and 2/10/14 IDT recommendations regarding how staff should supervise, monitor and assist client A to prevent falls. RM-E #2 indicated corrective measures should be developed and implemented to prevent recurrence of abuse, neglect, mistreatment or injuries of unknown origin.</p> <p>This federal tag relates to complaint #IN00162553.</p>		<p>The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility and the Director of Operations/General Manager no less than monthly for the next 90 days.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff 2. Evaluation of the effectiveness of current comprehensive high risk plans 3. Administrative documentation reviews will include but not be limited to assuring current high risk plans are present in the home and documentation that staff have received training on implementation of the plans. 	

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W 159 Bldg. 00	<p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 1 of 3 sampled clients (A), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client A's active treatment program by failing to reassess client A's mobility needs regarding his use of a wheelchair and to ensure client A's ISP (Individual Support Plan), BSP (Behavior Support Plan) or CHRHP (Comprehensive High Risk Health Plan) for falls specifically addressed how staff were to supervise, monitor and assist client A to prevent client A from falling and/or to prevent further injury due to falls.</p>	W 159	<p>4. Assuring risk plans are implemented as written.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p> <p>CORRECTION:</p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically,</i></p> <p>The QIDP worked with staff and the facility nurse to assure that Client A received Physical Therapy and Occupational Therapy evaluations to reassess his mobility needs with regard to Client A's use of a wheelchair. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p>	05/08/2015	

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to integrate, coordinate and monitor client A's active treatment program by failing to reassess client A's mobility needs regarding his use of a wheelchair. Please see W210. 2. The QIDP failed to integrate, coordinate and monitor client A's active treatment program by failing to ensure client A's ISP, BSP or CHRHP for falls specifically addressed how staff were to supervise, monitor and assist client A to prevent client A from falling and/or to prevent further injury due to falls. Please see W240. <p>This federal tag relates to complaint #IN00162553.</p> <p>9-3-3(a)</p>		<p>The QIDP will coordinate with the facility nurse to assure modification of Client A's Comprehensive High Risk Plan for falls to clarify the expectations of how staff should monitor assist Client A to prevent Client A from falling and/or to prevent further injury due to falls. Additionally, The QIDP will modify Client A's Behavior Support Plan to include specific protocols for enhanced supervision (line of sight in common areas of the facility and 15 minute checks while in bedroom). A review of incident documentation and current supports indicated this deficient practice did not affect any additional clients.</p> <p>PERVENTION:</p> <p>The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will follow up with the QIDP no less twice</p>	

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			<p>weekly when new clients are admitted to the facility to assure appropriate assessment occurs as required. Prior to admitting new clients, the Clinical Supervisor will assist the QIDP with developing a schedule to assure that all necessary assessments occur. Additionally, the Clinical Supervisor will review quarterly and annual summaries to assure the need for restrictive programs including but not limited to the use of alarms has been reassessed.</p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans and other supports accordingly. The nurse manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to needed updates to risk plans. The nurse manager will review all facility risk plan modifications for the next 90 days to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis.</p>	

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W 210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to reassess client A's mobility needs regarding his use of a wheelchair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/1/15 from 4:30 PM through 5:45 PM. Client A was observed in the group home throughout the observation period. Client A utilized a wheelchair for mobility and wore a gait belt for transfers. Client A was not encouraged to utilize a cane to walk.</p> <p>Observations were conducted at the group home on 4/2/15 from 6:15 AM</p>	W 210	<p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p> <p>CORRECTION:</p> <p><i>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Specifically, Client A has received Physical Therapy and Occupational Therapy evaluations to reassess his mobility needs with regard to Client A's use of a wheelchair. A review of facility support documents indicated this deficient practice did not affect any additional clients.</i></p> <p>PERVENTION:</p>	05/08/2015	

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	<p>through 7:30 AM. Client A was observed in the group home throughout the observation period. Client A utilized a wheelchair for mobility and wore a gait belt for transfers. Client A was not encouraged to utilize a cane to walk.</p> <p>Client A's record was reviewed on 4/6/15 at 9:35 AM. Client A's PT (Physical Therapy) record of visit form dated 1/16/14 indicated, "Encourage [client A] to walk room to room with caregiver and transfer to wheelchair for long distances." Client A's IDT (Interdisciplinary Team) form dated 1/15/15 indicated, "On 1/7/15 [client A] thought he could get out (of) his wheelchair without assistance from staff and fell in the bathroom (sic). Staff was not notified by [client A] that he needed to use the restroom. [Client A] was taken to the ER (Emergency Room) where he was treated and sent home. On 1/14/15 [client A] went to have a CT scan done and it found a hematoma (bruise) on the brain. The team discussed (that) [client A] needs to be assessed to determine if he needs the wheelchair for long term use."</p> <p>RM-E (Resident Manager-Exempt) #2 was interviewed on 4/6/15 at 1:10 PM. RM-E #2 indicated client A utilized a wheelchair for mobility full time. RM-E #2 indicated client A utilized a gait belt</p>		<p>The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will follow up with the QIDP no less twice weekly when new clients are admitted to the facility to assure appropriate assessment occurs as required. Prior to admitting new clients, the Clinical Supervisor will assist the QIDP with developing a schedule to assure that all necessary assessments occur. Additionally, the Clinical Supervisor will review quarterly and annual summaries to assure the need for restrictive programs including but not limited to the use of alarms has been reassessed.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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W 240 Bldg. 00	<p>for transfers. RM-E #2 indicated the IDT had recommended long term use of the wheelchair.</p> <p>This federal tag relates to complaint #IN00162553.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's ISP (Individual Support Plan), BSP (Behavior Support Plan) or CHRHP (Comprehensive High Risk Health Plan) for falls specifically addressed how staff were to supervise, monitor and assist client A to prevent client A from falling and/or to prevent further injury due to falls.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/1/15 at 2:20 PM. The review indicated the following:</p>	W 240	<p>CORRECTION:</p> <p><i>The individual program plan must describe relevant interventions to support the individual toward independence. Specifically, the facility nurse will modify Client A's Comprehensive High Risk Plan for falls to clarify the expectations of how staff should monitor assist Client A to prevent Client A from falling and/or to prevent further injury due to falls. Additionally, The QIDP will modify Client A's Behavior Support Plan to include specific protocols for enhanced supervision (line of sight in common areas of the facility and 15 minute checks while in bedroom). A review of incident documentation and current</i></p>	05/08/2015

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	<p>-BDDS report dated 1/8/15 indicated, "[Client A] was sitting in his wheelchair in his bedroom. Staff heard a loud noise and discovered [client A] lying on the floor and observed that he had sustained a four centimeter laceration on his scalp. Two staff were on duty and assisting other individuals at the time of the incident. Staff transported [client A] to the [hospital] emergency department for evaluation and treatment. ER (Emergency Room) personnel closed the wound with five staples and released [client A] to ResCare staff with instructions for laceration and staples care and to follow-up with his primary care physician in seven days.</p> <p>[Client A] has a comprehensive high risk plan for falls which directs staff to assist with transfers but [client A] did not request assistance prior to falling. ResCare nursing will monitor [client A] to assure follow-through with ER discharge instructions. The IDT (Interdisciplinary Team) will review the circumstances of the incident to determine if changes to [client A's] risk plan are indicated."</p> <p>-BDDS report dated 1/15/15 indicated, "[Client A's] psychiatrist, [doctor], ordered a CAT scan on 1/14/15 as part of an ongoing assessment to rule out</p>		<p>supports indicated this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans and other supports accordingly. The nurse manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to needed updates to risk plans. The nurse manager will review all facility risk plan modifications for the next 90 days to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team</p>	

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	<p>dementia. The results of the scan indicated that [client A] has an acute hematoma (bruise) and [doctor] directed staff to take [client A] to the [hospital] ER for evaluation and treatment. ER personnel performed another CAT scan and a comprehensive blood panel. The ER physician reported that [client A] had a thin layer of blood that will dissolve naturally. The hematoma most likely resulted from a fall [client A] experienced on 1/7/15."</p> <p>-Investigative Summary (IS) dated 1/13/15 indicated DSP (Direct Support Professional) #1 and RM-E #1 (Resident Manager-Exempt) were both on duty on 1/7/15 at the time of client A's fall. The 1/13/15 IS indicated client A was not in DSP #1 or RM-E #1's line of sight when he fell. The 1/13/15 IS indicated DSP #1 and RM-E #1 were both assisting other consumers in the group home while client A was in his personal bedroom out of staff's direct line of sight.</p> <p>The 1/13/15 IS included an addendum dated 1/15/15 which indicated, "The IDT met to discuss additional supports required to ensure [client A's] safety. Long term wheelchair use, bed and wheelchair alarm to alert staff when he is not in line of sight...."</p>			

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	<p>Client A's record was reviewed on 4/6/15 at 9:35 AM. Client A's IDT notes indicated the following:</p> <p>-10/29/14, "4/7/14, [client A] stood up again without staff assistance and fell. Staff needs to watch [client A] and keep him (in) eyesight at all times. Staff will continue to monitor and provide assistance in addition to the wheelchair and gait belt and cane when ambulating."</p> <p>-2/10/14, "Team discussed [client A] falling and how he had been to PT (Physical Therapy) in January (2014) and PT said use cane while in the group home and use wheelchair for long distance. And staff to assist him in and out of (the) home. [Client A] is constantly getting up and at times refusing to let staff assist him so team decided staff will follow [client A] at a short distance for his safety."</p> <p>Client A's CHRHP for falls dated 10/27/14 did not indicate documentation of the 10/29/14 and 2/10/14 IDT recommendations for client A to be in staff's line of sight at all times.</p> <p>Client A's ISP dated 2/24/15 did not indicate documentation of the 10/29/14 or 2/10/14 IDT recommendations regarding how staff were to supervise,</p>			

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	<p>monitor or assist client A to ensure his safety while transferring from his wheelchair.</p> <p>Client A's BSP dated 2/24/15 did not indicate documentation of the 10/29/14 or 2/10/14 IDT recommendations regarding how staff were to supervise, monitor or assist client A to ensure his safety while transferring from his wheelchair.</p> <p>DON #1 (Director of Nursing) was interviewed on 4/6/15 at 1:07 PM. DON #1 indicated the nursing staff assigned to the group home should review and revise high risk plans when recommendations are made by the IDT. DON #1 indicated client A's 10/29/14 and 2/10/14 IDT recommendations regarding how staff should supervise, monitor and assist client A to prevent falls during transfers from his wheelchair should be included in client A's 10/27/14 CHRHP for falls.</p> <p>RM-E #2 was interviewed on 4/6/15 at 1:10 PM. RM-E #2 indicated client A refused to notify staff when he needed to utilize the restroom or transfer from his wheelchair. RM-E #2 indicated client A's CHRHP for falls, ISP and BSP should include the 10/29/14 and 2/10/14 IDT recommendations regarding how staff should supervise, monitor and assist</p>			

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W 331 Bldg. 00	<p>client A to prevent falls.</p> <p>This federal tag relates to complaint #IN00162553.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 3 of 3 sampled clients (A, B and C), the facility nurse failed to met the health needs of clients A, B and C.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/1/15 at 2:20 PM. The review indicated the following:</p> <p>1. BDDS report dated 1/8/15 indicated, "[Client A] was sitting in his wheelchair in his bedroom. Staff heard a loud noise and discovered [client A] lying on the floor and observed that he had sustained a four centimeter laceration on his scalp. Two staff were on duty and assisting other individuals at the time of the incident. Staff transported [client A] to</p>	W 331	<p>CORRECTION:</p> <p><i>The facility must provide clients with nursing services in accordance with their needs.</i></p> <p>Specifically for Client A, the facility nurse will modify the Comprehensive High Risk Plan for falls to include interdisciplinary Team recommendations regarding how staff should assist Client A to prevent falls during transfers from his wheelchair.</p> <p>Specifically for Clients B and C, staff will be retrained regarding the need to provide and document weekly nail care. A review of the facility Medication and Treatment Record indicated</p>	05/08/2015

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	<p>the [hospital] emergency department for evaluation and treatment. ER (Emergency Room) personnel closed the wound with five staples and released [client A] to ResCare staff with instructions for laceration and staples care and to follow-up with his primary care physician in seven days.</p> <p>[Client A] has a comprehensive high risk plan for falls which directs staff to assist with transfers but [client A] did not request assistance prior to falling. ResCare nursing will monitor [client A] to assure follow-through with ER discharge instructions. The IDT (Interdisciplinary Team) will review the circumstances of the incident to determine if changes to [client A's] risk plan are indicated."</p> <p>-BDDS report dated 1/15/15 indicated, "[Client A's] psychiatrist, [doctor], ordered a CAT scan on 1/14/15 as part of an ongoing assessment to rule out dementia. The results of the scan indicated that [client A] has an acute hematoma (bruise) and [doctor] directed staff to take [client A] to the [hospital] ER for evaluation and treatment. ER personnel performed another CAT scan and a comprehensive blood panel. The ER physician reported that [client A] had a thin layer of blood that will dissolve naturally. The hematoma most likely</p>		<p>this deficient practice affected all clients who reside in the facility. Therefore the scope of retraining and monitoring will be expanded to include all clients.</p> <p>PREVENTION:</p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans accordingly. The nurse manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to needed updates to risk plans. The nurse manager will review all facility risk plan modifications for the next 90 days to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team</p>	

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	<p>resulted from a fall [client A] experienced on 1/7/15."</p> <p>-Investigative Summary (IS) dated 1/13/15 indicated DSP (Direct Support Professional) #1 and RM-E #1 (Resident Manager-Exempt) were both on duty on 1/7/15 at the time of client A's fall. The 1/13/15 IS indicated client A was not in DSP #1 or RM-E #1's line of sight when he fell. The 1/13/15 IS indicated DSP #1 and RM-E #1 were both assisting other consumers in the group home while client A was in his personal bedroom out of staff's direct line of sight.</p> <p>Client A's record was reviewed on 4/6/15 at 9:35 AM. Client A's IDT notes indicated the following:</p> <p>-10/29/14, "4/7/14, [client A] stood up again without staff assistance and fell. Staff needs to watch [client A] and keep him (in) eyesight at all times. Staff will continue to monitor and provide assistance in addition to the wheelchair and gait belt and cane when ambulating."</p> <p>-2/10/14, "Team discussed [client A] falling and how he had been to PT (Physical Therapy) in January (2014) and PT said use cane while in the group home and use wheelchair for long distance. And staff to assist him in and out of (the)</p>			

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	<p>home. [Client A] is constantly getting up and at times refusing to let staff assist him so team decided staff will follow [client A] at a short distance for his safety."</p> <p>Client A's CHRHP (Comprehensive High Risk Health Plan) for falls dated 10/27/14 did not indicate documentation of the 10/29/14 and 2/10/14 IDT recommendations for client A to be in staff's line of sight at all times.</p> <p>DON #1 (Director of Nursing) was interviewed on 4/6/15 at 1:07 PM. DON #1 indicated the nursing staff assigned to the group home should review and revise high risk plans when recommendations are made by the IDT. DON #1 indicated client A's 10/29/14 and 2/10/14 IDT recommendations regarding how staff should supervise, monitor and assist client A to prevent falls during transfers from his wheelchair should be included in client A's 10/27/14 CHRHP for falls.</p> <p>2. BDDS report dated 2/23/15 indicated, "During a routine facility nurse body check for [client B] (sic) discovered a half inch fresh scratch on [client B's] front left leg. Nurse asked [client B] what happen (sic) and [client B] stated that she scratched herself with her fingernail (sic) it was itching."</p>			

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	<p>-Investigation Final Report dated 2/24/15 indicated, "Staff is instructed to assist [client B] with lotioning (sic) her body when she itches. This is stated in her BSP."</p> <p>-BDDS report dated 3/5/15 indicated, "During morning medication pass for [client B] (sic) informed medication coach that [client B] had a new spot on her right leg trunk. Medication coach asked [client B] what happen (sic) and [client B] replied, 'I scratch, I scratch' there is a 1/2 inch round red area on the front of her right leg." The 3/5/15 BDDS report indicated, "Staff will continue to trim [client B's] nails on weekly (sic) as instructed per MAR (Medication Administration Record) and apply lotion when necessary."</p> <p>-Investigation Final Report dated 3/6/15 indicated, "[Client B] was itching (sic) scratched her leg (sic) her nails was (sic) too long."</p> <p>Client B's record was reviewed on 4/6/15 at 11:45 AM. Client B's CHRHP for infections dated 10/27/14 indicated, "Staff will provide nail care at least weekly and as needed to ensure nails are short and free of jagged edges. Keep skin moisturized. Staff to assist [client B] to</p>			

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	<p>apply lotion following bath/shower." Client B's TAR (Treatment Administration Record) dated 3/1/15 through 3/31/15 indicated, "Valerate cream 0.2% PRN (as needed) (topical itch relief)." The TAR dated 3/1/15 through 3/31/15 did not indicate documentation of client B receiving Valerate cream. Client B's TAR dated 3/1/15 through 3/31/15 indicated, "Triamcinolon cream 0.1% PRN (topical itch relief)." The TAR dated 3/1/15 through 3/31/15 did not indicate documentation of client B receiving Triamcinolon cream. Client B's TAR dated 3/1/15 through 3/31/15 indicated, "Trim fingernails and toenails as needed PRN." Client B's TAR dated 3/1/15 through 3/31/15 did not indicate documentation of client B's fingernails or toenails being trimmed. Client B's TAR dated 4/1/15 through 4/6/15 did not indicate documentation of client B receiving Valerate cream, Triamcinolon cream or her fingernails/toenails being trimmed.</p> <p>3. BDDS report dated 2/24/15 indicated, "[MC (Medication Coach) #1] was assisting [client B] with ADLs (Activities of Daily Living) when she noticed a one round (sic) area on the front of [client B's] legs."</p>			

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	<p>-Follow up BDDS report dated 3/4/15 indicated, "[Client C] sustained the injury when he scratched his leg because it itched. The round area was an abrasion 1/2 inch in diameter."</p> <p>-Investigation Final Report form dated 2/25/15 indicated, "Staff are instructed to clip [client C's] fingernails weekly or as often as needed to prevent this from happening in the future."</p> <p>Client C's record was reviewed on 4/6/15 at 12:27 PM. Client C's TAR dated 1/1/15 through 1/31/15, 2/1/15 through 2/28/15, 3/1/15 through 3/31/15 and 4/1/15 through 4/6/15 indicated, "Trim fingernails and toenails as needed PRN." Client B's TAR's dated from 1/1/15 through 4/6/15 did not indicate documentation of client C's fingernails or toenails being trimmed.</p> <p>DON #1 was interviewed on 4/6/15 at 1:07 PM. DON #1 indicated staff should be trimming clients B and C's fingernails and toenails weekly or as needed to ensure clients B and C's nails were not jagged or long. DON #1 indicated staff should assist client B apply lotion to her body to help alleviate client B's need to scratch herself. DON #1 indicated staff should document nail trimmings and the use of PRN lotion on clients B and C's</p>			

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	TARs'. This federal tag relates to complaint #IN00162553. 9-3-6(a)				